IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224783

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4715867022

APPLICANT: Lake Luxury Homes/Castlegate LLC APPLICANT ADDRESS: 7271 Long Island Rd Catawba, NC 286

SITE ADDRESS: 112 Hanbury Ln Statesville, NC 28625 PHONE: ALT. PHONE: 704 578-4951 Kath

SITE DIRECTIONS: I-40 Exit onto Hwy 64 TR Taylorsville Hwy TL Absher Farm Lp TL Staffordshire TL Hanbury on Rt

SUBDIVISION: Castlegate SECTION: LOT # 93 LOT AREA: .47 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 875 Date 2-23-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth 36" low side Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

Do Not grade down house pad.

Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

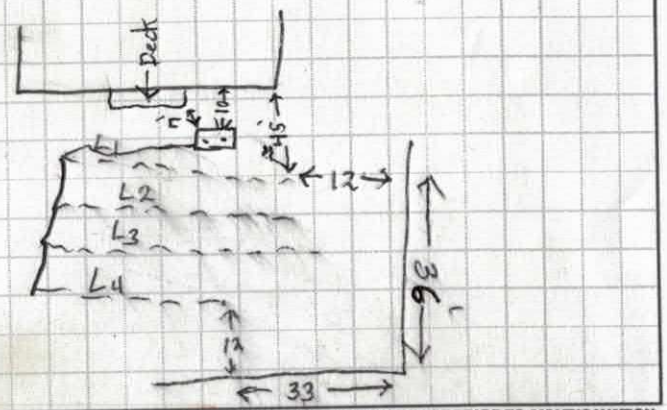
See attached, approved plan by The Oaks Grap, PA (dated 2/6/17)

AS BUILT SKETCH

9/27/2017: Rowan Septic - mid seam - 1000-gal tank w/ a Tuff tite EF-6 Filter

$L_1 = 82'$
$L_2 = 82'$
$L_3 = 78'$
$L_4 = 60'$
302 IQ4S installed

} verified by laser "OK"



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 3/1/17 Installed by: Rowan Septic (Kevin Kirkpatrick)

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/22/17 OPERATION PERMIT by: Tom Shuck Date: 9/27/201

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/30/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

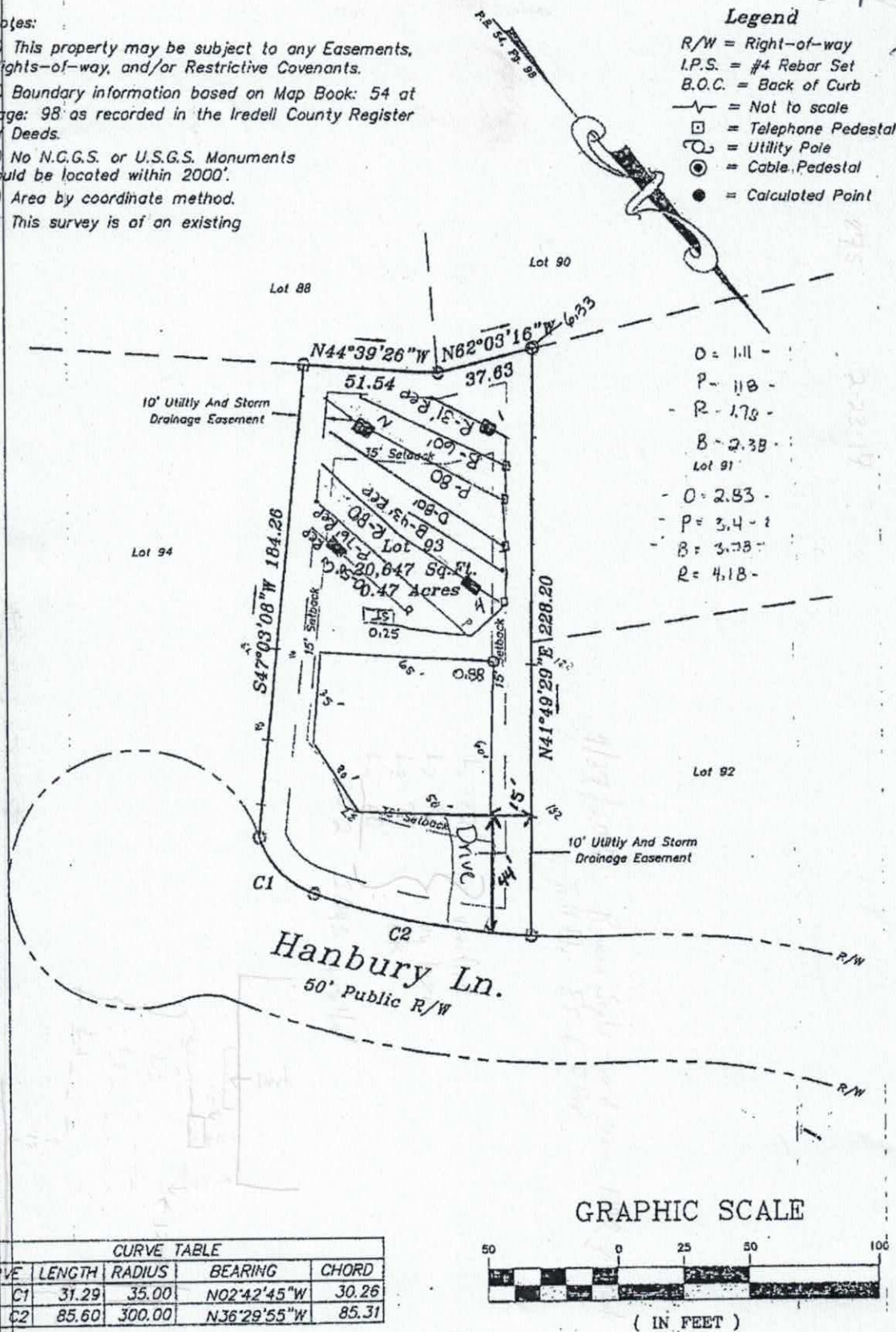
Approved
2/22/17
MD

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
5) This survey is of an existing

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	31.29	35.00	N02°42'45"W	30.26
C2	85.60	300.00	N36°29'55"W	85.31

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

Approved
MD
2/22/17

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 112 Hanbury lane

Date: February 6, 2017

Attached is the septic specification information required to permit the 112 Hanbury Lane for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Approved
MD
2/22/17

Lot 93 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	50
2	Repair	Pink	LP PPBPS	76
3	System	Red	25% Reduction	80 endfed
4	Repair	Blue	LP PPBPS	43
5	System	Orange	25% Reduction	80 endfed
6	System	Pink	25% Reduction	80 endfed
7	System	Blue	25% Reduction	60 endfed
8	Repair	Red	LP PPBPS	31
				Total System: 300'
				Total Repair: 200'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

Approved
2/22/17
MD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Lake Luxury Homes — APPLICATION DATE
ADDRESS: 7271 Long Island Rd Catawba — DATE EVALUATED: 1/26/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.47
LOCATION OF SITE: Castlegate #23 — PROPERTY RECORDED: pg 81
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	L	0-8	Mo GR SL	FR ns/nP	Br				0.3
		8-29	Mo SBK C	FR ss/sP	R; F sap				
		29-48	Wk SBK C	↓	R; C Sap, F Quartz				
						48+	N/A	N/A	
9	L	0-25	Mo SBK C	FR ss/sP	R				0.3
		25-48	Wk SBK C	↓	R; F sap				
						48+	N/A	N/A	
8	L	0-18	Mo GR SL	FR ns/nP	Br				0.3
		18-39	Mo SBK C	FR ss/sP	R				
		39-48	Wk SBK C	↓	R; F sap	48+	N/A	N/A	
4	L	0-20	Mo SBK C	FR ss/sP	R				0.3
		20-45	Wk SBK C	↓	R; F sap				
						45+	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LDPPBDS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KYMS
OTHER(S) PRESENT: ELH

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonm
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System R*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DET

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes Castlegate LLC **Address:** 727 Long Island Rd Catawba 28609 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 112 Hanbury Ln Statesville 28625

Subdivision Name: Castlegate **Section/Phase:** SHT 1 **Lot Number:** 93

Driving Directions: Interstate 40 exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire, L on Hanbury lot on right

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundatio
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plum

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are gra right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

~~2/17~~ 3-29-17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 112 Hanbury Lane, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group_____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 3-29-17

Signature of Owner Date

_____ _____

Signature of Witness Date

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 112 Hanbury Ln Statesville, identified as PIN(Parcel Identification Number) 4715-85-6702, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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_____ 2/1/17
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed...

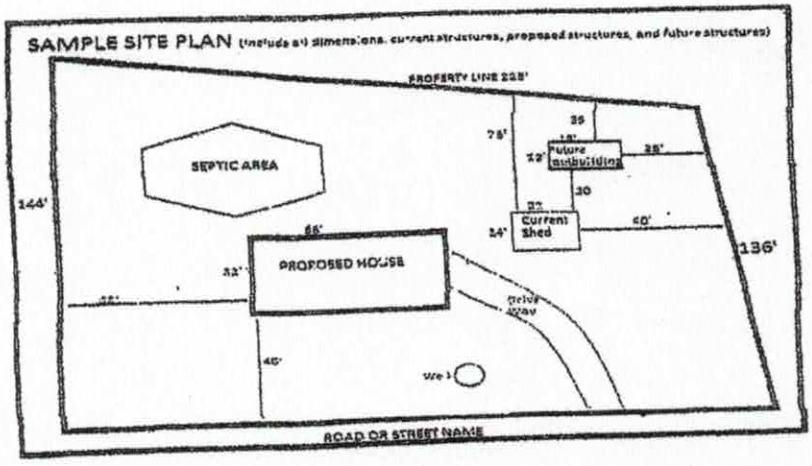
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

___ Location of septic systems and wells within 100' of your property... (N/A)

___ Location of easements and rights of ways on your property... (N/A)

___ Location of any designated wetlands on the property... (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

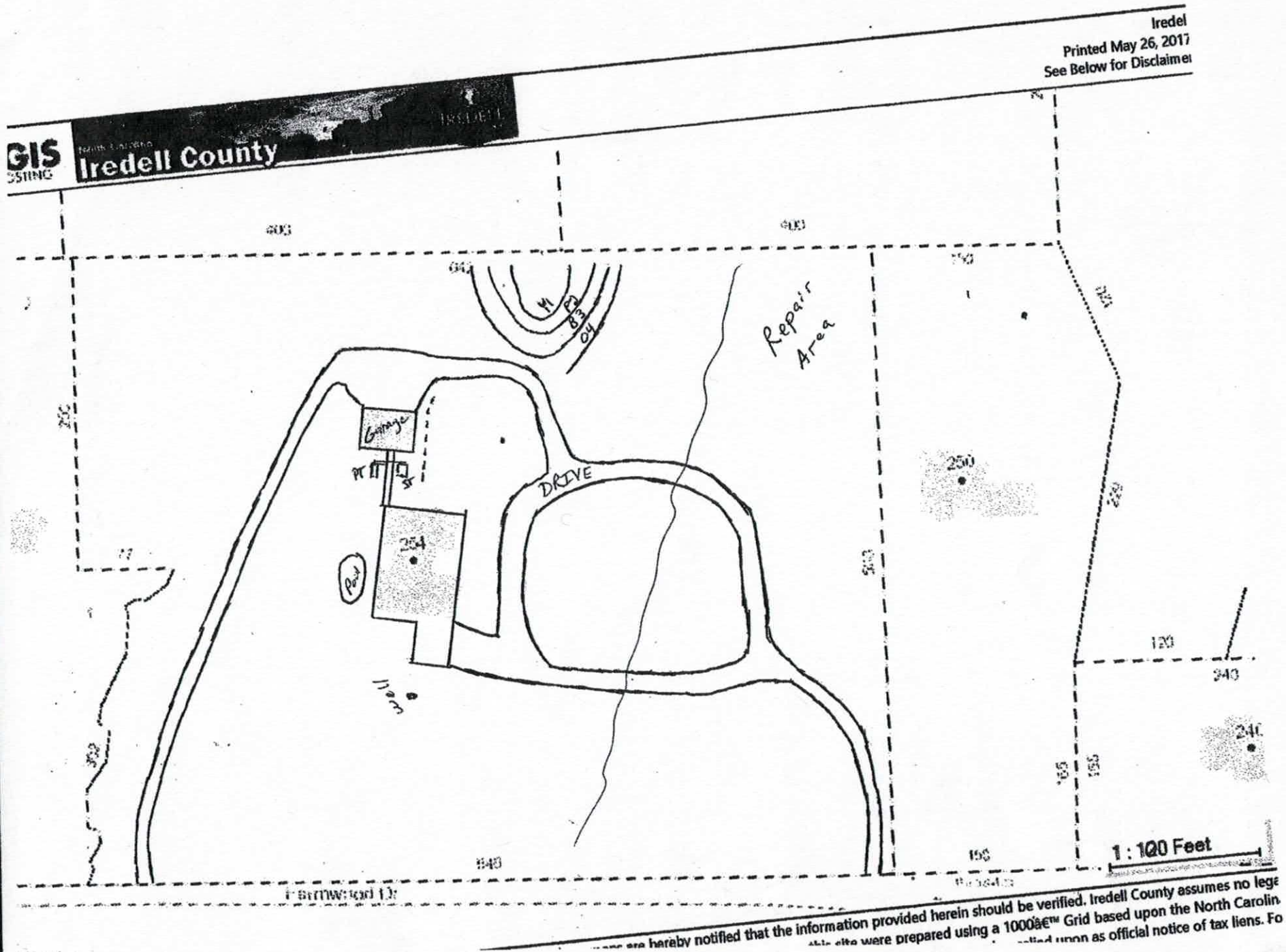
Please see attached site plan

Signature: Emma Hall

REQUIRED property owner or owner's legal representative signature.

3-29-1

DATE

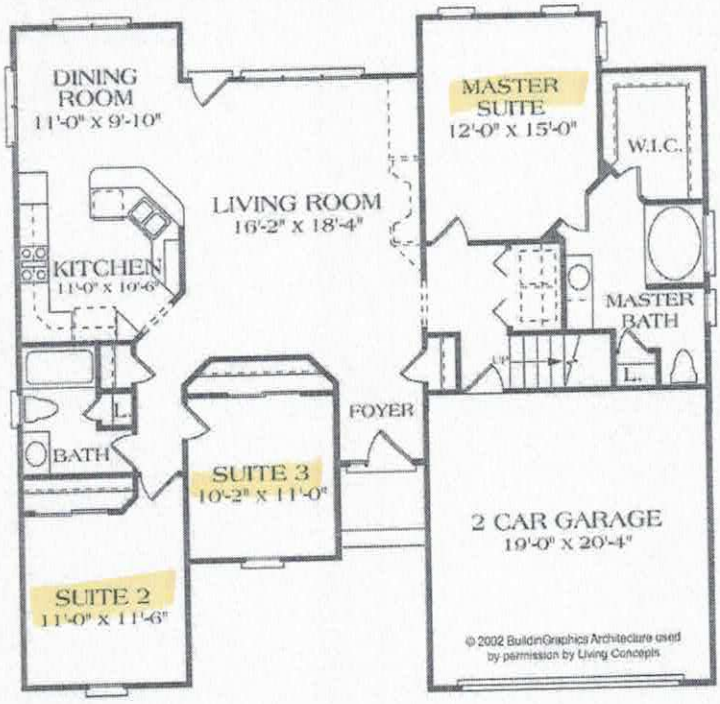

GIS
Iredell County
Iredel
Printed May 26, 2017
See Below for Disclaime
Repair Area
Garage
DRIVE
Pool
Well
254
250
240
1 : 100 Feet
are hereby notified that the information provided herein should be verified. Iredell County assumes no lege
this site were prepared using a 1000â€™ Grid based upon the North Carolin
relied upon as official notice of tax liens. Fo

Lot 93

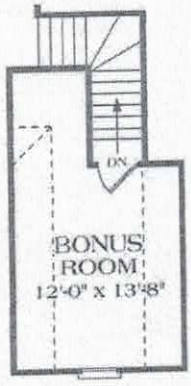
Somersworth "B"

A-1458B





First Floor Plan



Bonus Room

Permit 60d x 65w

Plan Available on AutoCAD

PLAN SPECIFICATIONS

First Floor	1,458	Sq.Ft.	Bedrooms	3	
TOTAL	1,458	Sq.Ft.	Baths	2	
Bonus Room	256	Sq.Ft.	Width	47'-0"	
Garage	405	Sq.Ft.	Depth	48'-8"	
			Foundation	Slab	
			Price Code	A	

Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders 3-29-17 Date

Tom Shuck Date 3/30/17

living concepts
Home plans by Frank Snodgrass
7400 Carmel Executive Park, Suite 150-B
Charlotte North Carolina 28226
Telephone: (704) 541-5917 Fax: (704) 542-1499
Website: www.livingconcepts.com

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
224783
Issue Date: 02/06/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715867022.000	112 HANBURY LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: THE OAKS GROUP
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.470	35.00	.35	15.00	15.00	NOT	X

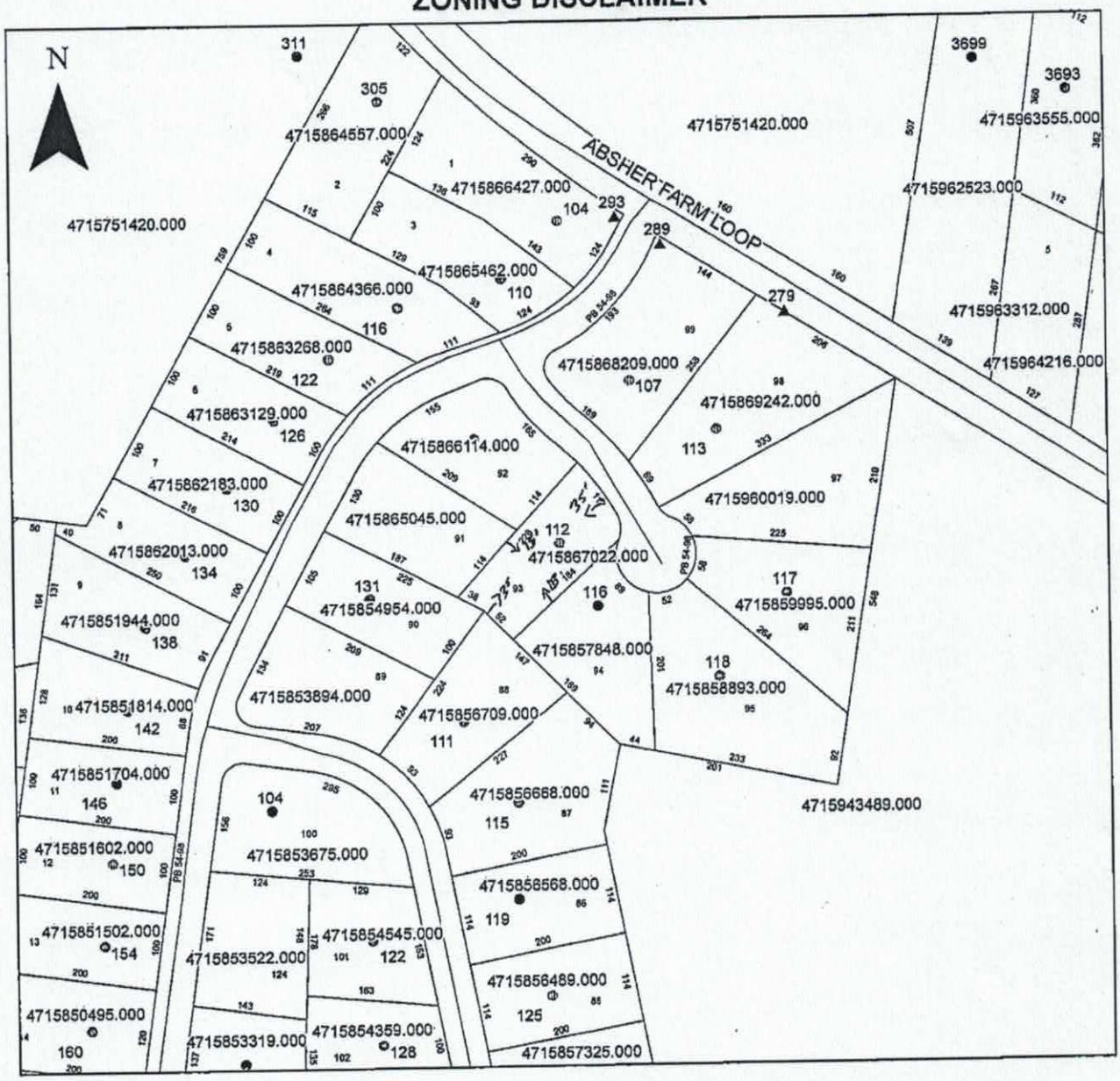
Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	92431	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 112 Hanbury Ln.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

2/6/17
Date